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Department of Health and Human Services  
Maine Center for Disease Control and Prevention  
286 Water Street  
# 11 State House Station  
Augusta, Maine 04333-0011  
Tel: (207) 287-5672  
Fax: (207) 287-4172; TTY: 1-800-606-0215

## SUBSURFACE WASTEWATER DISPOSAL SYSTEM VARIANCE REQUEST

This form must accompany an application (HHE-200 Form) for any subsurface wastewater disposal system which requires a variance to provisions of the Subsurface Wastewater Disposal Rules. The Local Plumbing Inspector must not issue a permit for the installation of a subsurface wastewater disposal system requiring a variance from the Department of Health and Human Services until approval has been received from the Department.

<b>GENERAL INFORMATION</b>		Town of <u>LAMOINE</u>
Property Owner's Name: <u>DAVID GOODRICH</u>	Tel. No.: <u>(718) 834-1738</u>	
System's Location: <u>MERMONT AVENUE</u>		
Property Owner's Address: <u>155 CONGRESS ST</u>	Zip Code <u>11201</u>	
e-mail address: <u>BROOKLYN, NY</u>		

The subsurface wastewater disposal system design for the subject property requires a ☒ replacement system variance ☐ first time system variance to the Subsurface Wastewater Disposal Rules. This variance requires ☐ local approval ☒ local and state approval.

<b>SPECIFIC VARIANCE REQUESTED</b> (To be filled in by Site Evaluator. Use additional sheets if needed.)	<b>SECTION OF RULE</b>
1. <u>SOILS: 3" E, 3" S.G.W.T.</u>	<u>TABLE 4-F</u>
2. <u>WATER TIGHT TANK TO BUILDING ON POSTS 5'</u>	<u>TABLE 8-A</u>
3. <u>WATER TIGHT TANK TO MAN MADE DITCH 15</u>	<u>TABLE 8-A</u>

### SITE EVALUATOR

When a property is found to be unsuitable for subsurface wastewater disposal by a licensed Site Evaluator, the Evaluator shall so inform the property owner. If the property owner, after exploring all other alternatives, wishes to request a variance to the Rules, and the Evaluator in his professional opinion feels the variance request is justified and the site limitations can be overcome, he shall document the soil and site conditions on the Application. The Evaluator shall list the specific variances necessary plus describe below the proposed system design and function. The Evaluator shall further describe how the specific site limitations are to be overcome, and provide any other support documentation as required prior to consideration by the Department. Attach a separate sheet if necessary.

VARIANCE REQUESTS ARE MINIMIZED.

I, WILLIAM A. LABELLE, JR. # 319, S.E., certify that a variance to the Rules is necessary since a system cannot be installed which will completely satisfy all the Rule requirements. In my judgment, the proposed system design on the attached Application is the best alternative available; enhances the potential of the site for subsurface wastewater disposal; and that the system should function properly.

William A. Labelle, Jr. #319 10-5-19  
SIGNATURE OF SITE EVALUATOR DATE

### PROPERTY OWNER

I, Jay A. Fowler, am the ☐ owner ☒ agent for the owner of the subject property. I understand that the installation on the Application is not in total compliance with the Rules. Should the proposed system malfunction, I release all concerned provided they have performed their duties in a reasonable and proper manner, and I will promptly notify the Local Plumbing Inspector and make any corrections required by the Rules. By signing the variance request form, I acknowledge permission for representatives of the Department to enter onto the property to perform such duties as may be necessary to evaluate the variance request.

Jay A. Fowler  
☐ SIGNATURE OF OWNER  
☒ AGENT FOR THE OWNER

4/20/2020  
DATE

LAMOINE

MERMONT AVENUE

DAVID GOODRICH

**LOCAL PLUMBING INSPECTOR - Approval at local level**

The local plumbing inspector shall review all variance requests prior to rendering a decision.

I, Rebecca Albright, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system ( ☐ does ☒ does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I ( ☒ do ☐ do not) approve the requested variance. I ( ☒ will ☐ will not) issue a permit for the system's installation as proposed by the application.

Rebecca Albright  
LPI Signature

4/22/2020  
Date

**LOCAL PLUMBING INSPECTOR - Referral to the Department**

The local plumbing inspector shall review all variance requests prior to forwarding to the Division of Environmental Health.

I, \_\_\_\_\_, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system ( ☐ does ☐ does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I ( ☐ do ☐ do not) recommend the issuance of a permit for the system's installation as proposed by the application.

\_\_\_\_\_  
LPI Signature

\_\_\_\_\_  
Date

**FOR USE BY THE DEPARTMENT ONLY**

The Department has reviewed the variance(s) and ( ☐ does ☐ does not) give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter.

\_\_\_\_\_  
SIGNATURE OF THE DEPARTMENT

\_\_\_\_\_  
DATE

Notes: 1. Variances for soil conditions may be approved at the local level as long as the total point assessment is at least the minimum allowed. (See Section 7.B.4 of the Subsurface Wastewater Disposal Rules for Municipal Review.)

2. Variances for other than soil conditions or soil conditions beyond the limit of the LPI's authority are to be submitted to the Department for review. (See Section 7.B.3 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.

**SOIL, SITE AND ENGINEERING FACTORS FOR FIRST TIME SYSTEM VARIANCE ASSESSMENT  
WITH LIMITING SOIL DRAINAGE CONDITIONS (SEE TABLES 7C THROUGH 7M).**

	CHARACTERISTIC	POINT ASSESSMENT
Soil Profile		
Depth to Groundwater/Restrictive Layer		
Terrain		
Size of Property		
Waterbody Setback		
Water Supply		
Type of Development		
Disposal Area Adjustment		
Vertical Separation Distance		
Additional Treatment		
<b>TOTAL POINT ASSESSMENT:</b>		

Minimum Points (Check One): ☐ Outside Shoreland Zone-50 ☐ Inside Shoreland Zone-65 ☐ Subdivision-65



# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services  
Div. Environmental Health, 11 SHS  
(207) 287-2070 FAX (207) 287-4172

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; CAUTION: LPI APPROVAL REQUIRED &lt;&lt;</b>	
City, Town, or Plantation	LAMONE	Town/City	LAMONE Permit # 1986
Street or Road	MERMONT AVENUE	Date Permit Issued	4/22/2020 Fee \$ 285 Double Fee Charged ( )
Subdivision, Lot #		Local Plumbing Inspector Signature	Rebecca Albright (S) L.P.I. # 394
<b>OWNER/APPLICANT INFORMATION</b>		Fee: \$ 285 state min. fee \$ Locally adopted fee	
Name (last, first, MI)	GOODRICH, DAVID	Copy:	<input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State
Mailing Address of	155 CONGRESS ST. BROOKLYN, NY 11201	The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with the application and the Maine Subsurface Wastewater Disposal Rules.	
Daytime Tel. # email address:	(718) 834-1738	Municipal Tax Map # 16 Lot # 46-1	
<b>OWNER OR APPLICANT STATEMENT</b>		<b>CAUTION: INSPECTION REQUIRED</b>	
I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a permit.		I have inspected the installation authorized above and found it to be in compliance with Subsurface Wastewater Disposal Rules Application.	
Signature of Owner or Applicant Jay A. Fowler 4/20/20		Local Plumbing Inspector Signature (1st Date Approved)	
		(2nd Date Approved)	

## PERMIT INFORMATION

<b>TYPE OF APPLICATION</b>	<b>THIS APPLICATION REQUIRES</b>	<b>DISPOSAL SYSTEM COMPONENT(S)</b>
<input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type Replaced: TRENCH Year Installed: PRE 1974 <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. Minor Expansion <25% <input type="checkbox"/> b. Major Expansion ≥ 25% <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	<input type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input checked="" type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input checked="" type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	<input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System/2000 gpd or more <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: <input type="checkbox"/> 12. Miscellaneous components
<b>SIZE OF PROPERTY</b> ____ sq. ft. 3.2 acres	<b>DISPOSAL SYSTEM TO SERVE</b> <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: 3 <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: <input checked="" type="checkbox"/> 3. Other: (SPECIFY) 2 BEDROOM GUEST COTTAGE	<b>TYPE OF WATER SUPPLY</b> <input type="checkbox"/> Proposed <input checked="" type="checkbox"/> Existing <input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other:
<b>SHORELAND ZONING</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Current Use: <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	

## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<b>TREATMENT TANK</b> <input type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular OR <input type="checkbox"/> b. Low Profile <input type="checkbox"/> c. with lift station <input type="checkbox"/> d. water tight <input type="checkbox"/> e. two compartment <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: CAPACITY 2000 gallons	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device 20 SIDE FEED CONCRETE CHAMBERS <input type="checkbox"/> a. Cluster Array <input type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. Regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: SIZE 1540 sq. ft. lin. ft.	<b>GARBAGE DISPOSAL UNIT</b> <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. Multi-compartment Tank <input type="checkbox"/> b. _____ Tanks in Series <input type="checkbox"/> c. Increase in Tank Capacity <input type="checkbox"/> d. Filter on Tank Outlet	<b>DESIGN FLOW</b> 450 gallons per day BASED ON <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities 3 BEDROOM COTTAGE: 270 GPD 2 BEDROOM COTTAGE: 180 GPD 450 GPD <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE CONDITION 3 IE at Observation Hole # 2 Depth 3" OF MOST LIMITING SOIL FACTOR	<b>DISPOSAL FIELD SIZING</b> <input type="checkbox"/> 1. Medium -- 2.6 sq. ft./gpd <input checked="" type="checkbox"/> 2. Medium-Large -- 3.3 sq. ft./gpd <input type="checkbox"/> 3. Large -- 4.1 sq. ft./gpd <input type="checkbox"/> 4. Extra Large -- 5.0 sq. ft./gpd	<b>EFFLUENT/EJECTOR PUMP</b> <input type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May be Required <input checked="" type="checkbox"/> 3. Required Specify only for engineered systems DOSE: _____ gallons	<b>LATITUDE AND LONGITUDE</b> at center of disposal area Lat. 44° 26' 27.0" N Lon. 68° 16' 22.0" W if g.p.s., state margin of error 30 ft

## SITE EVALUATOR STATEMENT

I certify that on 9/30/19 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Site Evaluator Signature: WILLIAM A. LaBELLE, JR. 319 SE# (207) 537-5900 Date: 10-5-19 E-mail Address: labelleseptice@rivah.net

Site Evaluator Name Printed

Telephone Number

E-mail Address

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

Maine Dept. of Health & Human Services  
Division of Environmental Health, 11 S-H  
(207) 287-2070 FAX (207) 287-4172

Owner or Applicant Name  
DAVID GOODRICH

**SITE LOCATION PLAN**  
(Attach map from Maine Atlas  
for First Time System Variance)

Texture	Consistency	Color	Mottling
SANDY		VERY DARK	N.E.
GRAVELLY	FRIABLE	GRAYISH BROWN (10YR3/2)	COMMON
LOAM			DISTINCT

DEPTH BELOW MINERAL SOIL SURFACE (inches)

Soil 3, Classification E, Slope 6%, Limiting Factor 3. Depth

Ground Water, Restrictive Layer, Bedrock, Pit Depth

Page 2 of 3  
HNE-200 Rev. 01/2018

Town, City, Plantation  
LAMDINE

Street, Road, Subdivision  
MERMONT AVENUE

Owner or Applicant Name  
DAVID GOODRICH

SITE PLAN:

SCALE: 1" = 100' FT.

EXISTING  
GROUND  
ELEVATIONS,  
TYPICAL

-71"  
-87"  
-71"  
-87"

MAGNETIC  
NORTH

NOTE:

PROPOSED 1000 GAL.  
SEPTIC TANK WITH  
OUTLET FILTER.  
MAY NEED LOW  
PROFILE.

NOTE: TANK WITH  
LIFT STATION TO  
HAVE 2" SOLIDS  
PUMP.

NOTE:

PROPOSED 1000  
GAL. WATER TIGHT  
SEPTIC TANK  
WITH LIFT STATION.  
5' MIN. FROM  
BUILDING ON  
POSTS AND  
15' MIN. FROM  
DITCH. MAY  
NEED LOW  
PROFILE. NO  
FILTER IN  
TANK.

APPROX.

Raccoon Cove

MARLBORO BEACH ROAD

MERMONT AVENUE

ROD

ERP, NAIL IN 5" DIA.  
BLACK CHERRY TREE.

8" DIA. BIRCH IN  
CLUMP, FOR TIE

WELL

PROPOSED  
20 SIDE FEED  
CHAMBERS

2" PRESSURE LINE,  
PROTECT FROM  
FREEZING AND  
CRUSHING.

GARAGE

GUEST  
COTTAGE

NOTE:  
APPROX.  
BUILDING  
SEWER

APPROX.  
PROPERTY  
LINES

NOTE: LOCATE, PUMP OUT AND  
FILL EXISTING TANK

MAIN  
COTTAGE

TOP OF BANK

WATER

S.E. #

Date

Site Evaluator's Signature

319

10-5-19



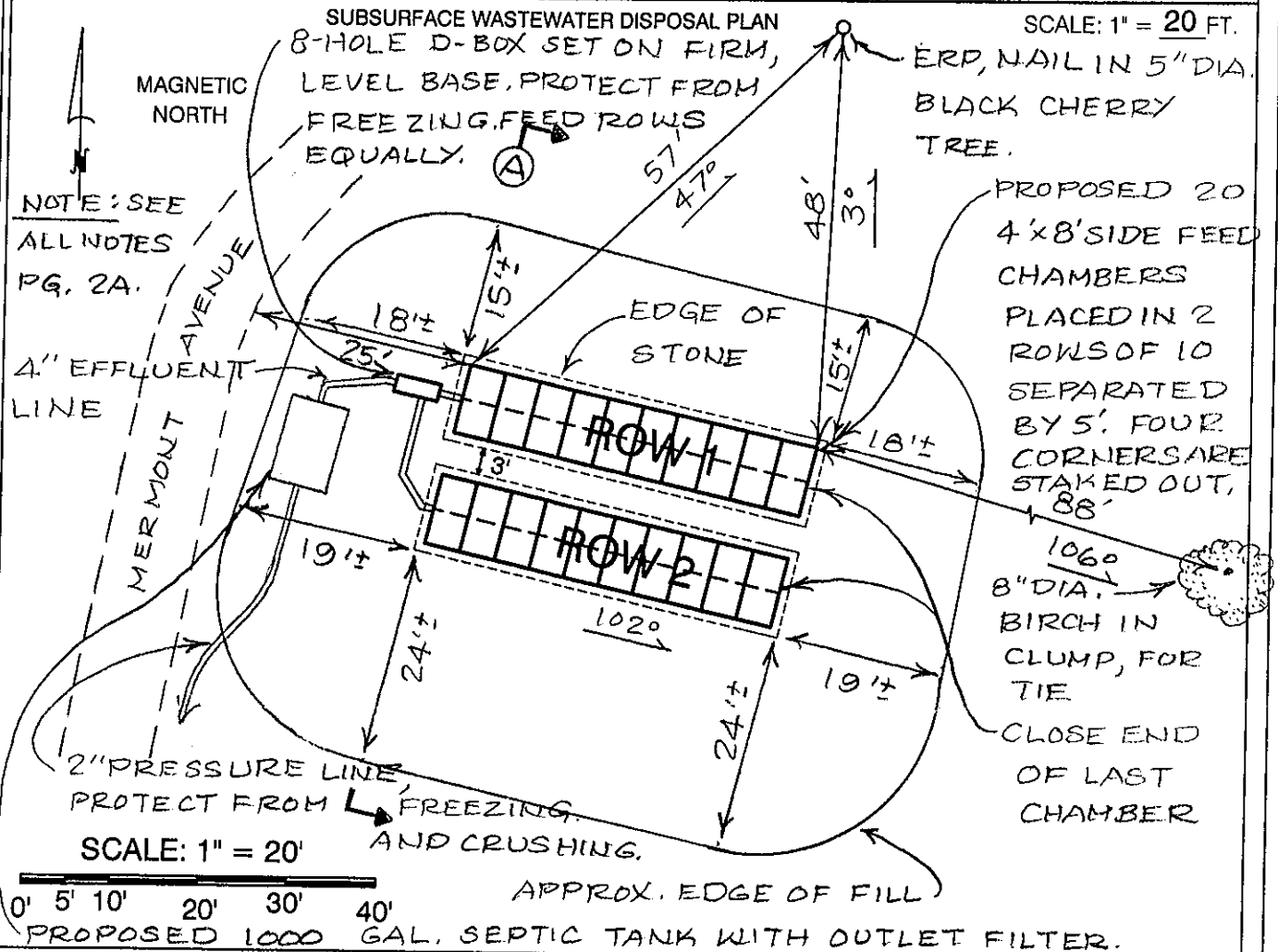
# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services  
Division of Environmental Health, 11 SHS  
(207) 287-2070 FAX (207) 287-4172

Town, City, Plantation  
**LAMOINE**

Street, Road, Subdivision  
**MERMONT AVENUE**

Owner or Applicant Name  
**DAVID GOODRICH**



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		SYSTEM:	PRIVY:	ELEVATION REFERENCE POINT	
Depth of Backfill (Upslope)	44 1/2"	Finished Grade Elevation	(See			Location & Description	NAIL 35"
Depth of Backfill (Downslope)	48"	Top of Distribution Pipe or Proprietary Device	attached	N/A		ABOVE GROUND IN A 5"	
Depths @ cross-section shown below or on X-sec. detail.		Bottom of Disposal Field	X-sec.)			DIA. BLACK CHERRY TREE.	
						Reference Elevation is:	0"

## NOTES:

DISPOSAL AREA CROSS SECTION (SEE ATTACHED CROSS SECTION)

1. Tank(s) must be 8' minimum from building.
2. Grade surrounding area to divert surface water away from system.
3. All work done adjacent to wetlands and water bodies must be done in compliance with section 12 of the Subsurface Wastewater Disposal Rules. Erosion and sediment control measures must be in accordance with the March 2003 edition of the Maine DEP Handbook "Maine Erosion and Sediment Control BMPS" (DEPW0588).
4. Install septic tank(s) risers 18" in diameter "minimum" to within 6" of finished grade on inlet, cleanout and outlet covers (recommend extending risers to finish grade). Install risers to finish grade of appropriate size to allow pump removal on all in-tank pump chambers and separate pump tanks.
5. Protect lift stations and pump tanks from freezing.
6. Full basement below grade foundation or frost wall must be 20' minimum from edge of disposal field and no full basement, slab, columns or posts must be 15' minimum from edge of disposal field.

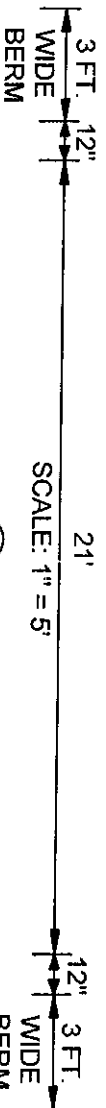
*Site Evaluator's Signature*

319  
S.E. #

10-5-19  
Date

NOTE:  
GRADE UPSLOPE TO DIVERT  
SURFACE WATER AWAY FROM  
SYSTEM.

# DISPOSAL AREA CROSS SECTION SLOPE 6 %



2" COMPRESSED HAY (OR FILTER FABRIC) SEC. 11-F RECOMMENDED OVER STONE AND CHAMBERS

FILL MATERIAL SHALL BE 8"-12" THICK OVER CHAMBERS AND SHALL BE GRAVELLY COARSE SAND TO THE STANDARDS IN SEC. 11-E IN THE SUBSURFACE RULES.

TOP 4" OF FILL TO BE A GOOD LOAM SOIL MIX TO ESTABLISH A GOOD VEGETATIVE COVER; SEED AND MULCH TO PREVENT EROSION, SEC. 11-G.

FILL EXTENSIONS NO GREATER THAN 4:1, (25% SLOPE).

EXISTING GRADE  
LIMITING FACTOR  
REMOVE VEGETATION AND SCARIFY ORIGINAL SOIL UNDER ENTIRE FILL AREA, SEC. 11-B.

BOTTOM OF CHAMBERS MUST BE LEVEL WITH MAXIMUM GRADE TOLERANCE OF 2" PER 100'.

THOROUGHLY MIX, DISK OR ROTO-TILL CLEAN, COARSE, SHARP SAND INTO TOP 6 INCHES OF ORIGINAL SOIL TO CREATE A TRANSITION ZONE, SEC. 11-B.

ELEVATIONS:

ELEV. REF. PT. (ERP):

FINISHED GRADE:

TOP OF CHAMBERS:

BOTTOM OF CHAMBERS:

ROW 1  
(CROWN - 25")  
-37"  
-50"

ROW 2  
(-39" MIN.)  
-47"  
-60"

NOTE:

SYSTEM MUST BE INSTALLED ACCORDING TO THE RULES AND PRACTICES SET FORTH IN THE MOST CURRENT VERSION OF THE STATE OF MAINE SUBSURFACE WASTEWATER DISPOSAL RULES. INSTALLATION CONTRACTOR MUST BE FAMILIAR WITH SAID RULES AND CONSTRUCT SYSTEM IN FULL COMPLIANCE WITH SECTION 11 OF SAID RULES.

OWNER: DAVID GOODRICH  
LOCATION: LAMOINE

DOC17

WILLIAM A. LABELLE, JR.

S.E.#

319

DATE

10-5-19